

EXPECTORANT GUAIFENESIN EXTENDED-RELEASE- guaifenesin tablet
YET HEALTH GROUP LLC

BARE & BETTER EXPECTORANT GUAIFENESIN EXTENDED-RELEASE BI-LAYER TABLETS

Active ingredient (in each extended-release bi-layer tablet)

Guaifenesin 1200 mg

Purpose

Expectorant

Uses

- helps loosen phlegm (mucus) and thin bronchial secretions to rid the bronchial passageways of bothersome mucus and make coughs more productive

Warnings

Do not use

- for children under 12 years of age

Ask a doctor before use if you have

- persistent or chronic cough such as occurs with smoking, asthma, chronic bronchitis, or emphysema
- cough accompanied by too much phlegm (mucus)

Stop use and ask a doctor if

- cough lasts more than 7 days, comes back, or occurs with fever, rash, or persistent headache. These could be signs of a serious illness.

If pregnant or breast-feeding, ask a health professional before use.

Keep out of reach of children. In case of overdose, get medical help or call a Poison Control Center (1-800-222-1222) right away.

Directions

- do not crush, chew, or break tablet
- take with a full glass of water
- this product can be administered without regard for timing of meals
- adults and children 12 years of age and over: 1 tablet every 12 hours. Do not exceed 2 tablets in 24 hours.
- children under 12 years of age: do not use

Other information

- Tamper evident: Do not use if carton is open or if printed seal on blister is broken or missing.
- store between 20-25°C (68-77°F)

Inactive ingredients

carbomer homopolymer type B, hypromellose, magnesium stearate, microcrystalline cellulose, sodium starch glycolate.

Questions?

call 1-844-735-0202



EXPECTORANT GUAIFENESIN EXTENDED-RELEASE

guaifenesin tablet

Product Information

Product Type	HUMAN OTC DRUG	Item Code (Source)	NDC:81179-007
Route of Administration	ORAL		

Active Ingredient/Active Moiety

Ingredient Name	Basis of Strength	Strength
GUAIFENESIN (UNII: 495W7451VQ) (GUAIFENESIN - UNII:495W7451VQ)	GUAIFENESIN	1200 mg

Inactive Ingredients

Ingredient Name	Strength
CARBOMER HOMOPOLYMER TYPE B (ALLYL PENTAERYTHRITOL OR ALLYL SUCROSE CROSSLINKED) (UNII: K6MOM3T5YL)	
HYPROMELLOSE, UNSPECIFIED (UNII: 3NXW29V3WO)	
MAGNESIUM STEARATE (UNII: 70097M6I3O)	

MICROCRYSTALLINE CELLULOSE (UNII: OP1R32D61U)

SODIUM STARCH GLYCOLATE TYPE A (UNII: H8AV0SQX4D)

Product Characteristics

Color	white	Score	no score
Shape	OVAL	Size	21mm
Flavor		Imprint Code	G;1200
Contains			

Packaging

#	Item Code	Package Description	Marketing Start Date	Marketing End Date
1	NDC:81179-007-04	5 in 1 PACKAGE	04/12/2021	
1		14 in 1 BLISTER PACK; Type 0: Not a Combination Product		

Marketing Information

Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date
ANDA	ANDA213420	04/05/2021	

Labeler - YET HEALTH GROUP LLC (117763296)

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YET HEALTH GROUP LLC